



Department of Management & Budget  
Office of Retirement Services  
www.michigan.gov/ors (800) 381-5111  
P.O. Box 30171  
Lansing MI 48909-7671

# Retirement or DROP Application

For State Police

MEMBER'S NAME (LAST, FIRST, M.I.)	MEMBER ID OR SSN	DAYTIME TELEPHONE (     )
MAILING ADDRESS		DATE OF BIRTH
CITY, STATE, ZIP CODE		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

Use this form to apply for a service retirement or the Deferred Retirement Option Plan (DROP) with the State Police Retirement System. Before completing each of the following sections, read through that section's instructions.

## Section I: Retirement Information

I wish to apply for a:    ☐ Deferred Retirement Option Plan (DROP) – Complete Section II ONLY.  
                                  ☐ Retirement – Complete Section III, IV, V, and VI.

As the result of a divorce, I have an acceptable Eligible Domestic Relations Order (EDRO) on file with ORS, which divides my pension benefit.    ☐ NO    ☐ YES    (Any EDRO must be on file with ORS before the retirement effective date.)

## Section II: Deferred Retirement Option Plan

To participate in the Deferred Retirement Option Plan (DROP), you must meet the following eligibility criteria.

- Be actively employed and have 25 or more years of credited service under the State Police Retirement System.
- File this DROP application form between 30 and 90 days before your retirement effective date, which is the date you would cease being an active member of this retirement system and become a DROP participant.

**DROP Participation Period:** Begin Date (Retirement Effective Date): \_\_\_\_\_ End Date: \_\_\_\_\_

**Beneficiary Designation for the DROP Account.** If you wish to name someone other than your pension beneficiary to receive the balance of your DROP account at the time of your death, complete the following.

DROP ACCOUNT BENEFICIARY NAME	RELATIONSHIP TO MEMBER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS, CITY, STATE, ZIP	SOCIAL SECURITY NUMBER	BIRTH DATE

### Applicant's Certification

I certify I am retiring from active membership in the State Police Retirement System as of the retirement effective date indicated above and am electing to participate in the Deferred Retirement Option Plan (DROP) for the time period designated. I understand I will begin my retirement at the end of my DROP participation period. Once ORS accepts this application my participation in the DROP is irrevocable.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section III: Retirement

ORS must receive your completed application form at least 30 days, but no more than 90 days, before your retirement effective date. Your *retirement effective date* is the first day of the month following your last day on payroll with the State Police.

**Retirement Effective Date:** My retirement effective date is the first of \_\_\_\_\_, 20\_\_\_\_\_

By my signature below, I certify I am a member of the State Police Retirement System and wish to apply for retirement from service with the Michigan State Police. I also authorize the selections made in the following Federal Income Tax Withholding Authorization and my designation(s) for Electronic Funds Transfer. By using EFT, I authorize ORS to recover money electronically deposited in my account(s) in error, either by adjusting the account(s) or withholding any future payments. I understand I will be notified in writing if adjustments are made.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
 SSN or Member ID: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_

**ORS State Police**  
**Retirement Application (continued)**

EFFECTIVE DATE		
H	/	/
VBR	/	/
DDR	/	/

## Section V: Insurance Options

Refer to the insurance section of the instructions for eligibility details. Indicate below who is to be covered under your insurance plan(s). **Your signature is required in Section D.**

### A. Enrollment Options (You must complete this section.)

You can select from either BCBSM or an HMO for your health care coverage. Please check the “enroll” box for the provider you are selecting and check the “decline” box for the other insurance plan. Indicate the date when you want each insurance to be effective. Effective dates are always the first of the month.

	ENROLL	DECLINE	EFFECTIVE DATE	CHECK THE APPROPRIATE BOX(ES) FOR WHO IS TO BE COVERED.
BCBSM	<input type="checkbox"/>	<input type="checkbox"/>	/01/	<input type="checkbox"/> SELF <input type="checkbox"/> SELF & SPOUSE <input type="checkbox"/> SELF & CHILD(REN) <input type="checkbox"/> FULL FAMILY
HMO	<input type="checkbox"/>	<input type="checkbox"/>	/01/	<b>Please obtain and enclose completed HMO application.</b>
DENTAL PLAN	<input type="checkbox"/>	<input type="checkbox"/>	/01/	<input type="checkbox"/> SELF <input type="checkbox"/> SELF & SPOUSE <input type="checkbox"/> SELF & CHILD(REN) <input type="checkbox"/> FULL FAMILY
VISION PLAN	<input type="checkbox"/>	<input type="checkbox"/>	/01/	<input type="checkbox"/> SELF <input type="checkbox"/> SELF & SPOUSE <input type="checkbox"/> SELF & CHILD(REN) <input type="checkbox"/> FULL FAMILY

### B. Enrollment Data (For you and family members you are covering.)

Complete the following information for you and all covered dependents. Attach additional pages if necessary. Report Medicare information below for anyone covered by your insurance plan(s). **You must submit proof(s) of age or dependency for each enrolled dependent.** See Final Steps in the instructions for what proofs you need to include.

Enrollee Name (Last, First, Middle)	Medicare # or Social Security #	Effective Dates On Medicare Card		Sex (M/F)	Birth Date (Mo/Day/Yr)
		Hospital—Part A	Medical—Part B		
SELF					
SPOUSE					
CHILD					
CHILD					
CHILD					

### C. Other Insurance Data (Complete when your dependents have other insurance coverage.)

You must report any other group insurance coverage for anyone on your insurance plan(s) **as of your effective date of retirement.** Complete the following and indicate who is covered by the policy. Attach additional pages if necessary.

NAME OF OTHER INSURANCE COVERAGE (INCLUDING MEDICARE)	POLICY HOLDER'S NAME (LAST, FIRST, MIDDLE)
POLICY #	TYPE OF COVERAGE: <input type="checkbox"/> HEALTH <input type="checkbox"/> DENTAL <input type="checkbox"/> DRUG <input type="checkbox"/> VISION
WHO IS COVERED? (CHECK ALL THAT APPLY) <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> ALL CHILDREN <input type="checkbox"/> CHILD (NAME) _____	

NAME OF OTHER INSURANCE COVERAGE (INCLUDING MEDICARE)	POLICY HOLDER'S NAME (LAST, FIRST, MIDDLE)
POLICY #	TYPE OF COVERAGE: <input type="checkbox"/> HEALTH <input type="checkbox"/> DENTAL <input type="checkbox"/> DRUG <input type="checkbox"/> VISION
WHO IS COVERED? (CHECK ALL THAT APPLY) <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> ALL CHILDREN <input type="checkbox"/> CHILD (NAME) _____	

### D: Certification (Signature is required.)

*I certify that the above information is correct to the best of my knowledge and belief. By my signature below I also agree to the conditions of enrollment specified in this form's instructions.*

APPLICANT'S SIGNATURE	HOME TELEPHONE NUMBER ( )	DATE
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SSN or Member ID: \_\_\_\_\_



# Retirement Application Instructions

## For Retiring State Police

Congratulations! You're ready to take the next step toward retirement by applying for your pension benefits. Read through these instructions and other recommended materials to familiarize yourself with all of the pension options and retirement benefits. Don't

rush through this process. Give yourself enough time to evaluate the different pension options and weigh the benefits of each. Remember you are making decisions that will affect you (and potentially your loved ones) for the rest of your life.

## The Application Process – An Overview

Familiarize yourself with the choices you will be making and the documents you will need to submit to complete this application. We encourage you to read through these instructions, along with the *Retirement Guidelines* book, the *Health, Dental, Vision and Life Insurance Options* information sheet (R0423GHB), and the *Retiree Life Insurance Beneficiary Designation* form found on our website at [www.michigan.gov/orsmsp](http://www.michigan.gov/orsmsp).

As you complete each section of this application, gather together the documents you will need to send in with this application. We accept photocopies for required documentation and proofs.

If you have any pending service credit purchases, these must be paid before your employment termination date in order to receive credit for retirement.

Thirty to ninety days before your retirement effective date, return your completed application and all required documentation and proofs to ORS. We will process your application and send an acknowledgement letter summarizing the selections in this application. It will also include a preliminary pension estimate.

If you decide to cancel your application, you must inform ORS in writing before your retirement effective date.

## Completing the Application

Proceed through each of the sections answering all applicable questions. Refer to the enclosed *Retirement Guidelines* book for more information where indicated.

Begin by providing your name and address, birth date, and any other information requested. Be sure to include

your information on each page of the application so if any pages get separated, we can identify which are yours. Mark the appropriate box for your sex and provide your telephone number in case we need to contact you by telephone.

## Section I. Retirement Information

You have the option to apply for a full retirement or the Deferred Retirement Option Plan (DROP). Indicate the type of retirement you are applying for by checking the appropriate box.

**Retirement Eligibility.** You qualify for retirement at any age with 25 years of service as an enlisted officer. If you left state police prior to 25 years of service but have at least 10 years, you are eligible to collect a pension benefit at age 50.

**Deferred Retirement Option Plan (DROP) Eligibility.** You qualify for the DROP if you are eligible to apply for a full retirement but wish to extend your employment and defer your pension benefits for up to six years.

**Eligible Domestic Relations Order.** If you have an Eligible Domestic Relations Order (EDRO), which divides your pension benefit as the result of a divorce, be sure you have an acceptable copy on file with ORS.

## Section II. Deferred Retirement Option Plan (DROP)

Complete this section of the application *only* if you are applying for the DROP.

**DROP Participation Period.** Be sure that you indicate the time frame that you will be participating in the DROP program. Your begin date is actually your *retirement effective date*.

**Beneficiary Designation.** Indicate who will be your beneficiary. You can name only one beneficiary. Be sure to include all pertinent information.

Upon completing this section, see Section VII of the application for mailing instructions.



[www.michigan.gov/orsmsp](http://www.michigan.gov/orsmsp)



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## **Retirement Application Instructions**

### *For Retiring State Police*

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### **Section III. Retirement**

Complete this section and the rest of the application *only* if you are applying for a service retirement. Be sure that you indicate your *retirement effective date*, the first day of

the month following your last day on payroll with the Department of State Police, and sign your name.

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### **Section IV. Insurance Options**

The *Health, Dental, Vision, and Life Insurance Options* sheet (R0423GH) provides details about insurance eligibility. Additional information about effective dates of coverage and documents to be submitted with the retirement application to prove eligibility for enrolled dependents can be found under Continuing Your Insurance Benefits in the *Retirement Guidelines* booklet.

If you are considering a Health Maintenance Organization (HMO) for your health care provider, refer to the information on the back of the *Health, Dental, Vision, and Life Insurance Options* sheet (R0423GH) for contact information. If you decide to enroll in an HMO, contact the HMO directly for an application and send your completed HMO application with this retirement application. Be sure to mark the HMO “enroll” box under Enrollment Options to indicate you are sending a separate application and sign the Certification section on the bottom of the insurance options page. **DO NOT** return your application to the HMO.

**Note:** In 1986, federal law required mandatory Medicare coverage for state and local government employees even if they do not pay social security taxes. If you were hired (or rehired) after March 31, 1986, you may have mandatory Medicare coverage. However, the Social Security Administration is the final authority for determining your Medicare eligibility.

**Coordination of Benefits.** Your health, dental, and vision plans contain a *coordination of benefits (COB)* provision, which says you can’t be reimbursed for more than the allowed cost of your care or service. If you or your dependents are covered under another group plan, the plans coordinate their reimbursement so that their combined payments don’t exceed the allowed costs.

#### **Enrollment Data**

Complete all requested information for each person who will be covered under your insurance plans. If anyone is enrolled in Medicare, provide that person’s Medicare card number and the effective dates of coverage for both Medicare Part A and Part B. Please send ORS a copy of the Medicare card for anyone who is under age 65.

#### **Other Insurance Data**

You must report any other insurance coverage you or your enrolled dependents have. Failure to report this coverage, including prescription drug coverage, will make you subject to loss of coverage and retroactive repayment of any claims paid by ORS.

If you enroll in one of these health insurance plans, it is your responsibility to notify ORS of any changes in your status or that of your family that may affect eligibility and/or coverage. You also authorize the administrator selected by ORS to obtain from providers of service, on a confidential basis, any records and other information relating to you and your covered dependents.

#### **Life Insurance**

Your state-sponsored life insurance continues for you and your dependents at no charge to you. Your coverage will be 25 percent of the amount of insurance you carry at the time you retire from state police employment; your dependents’ policies are capped at \$1,000 each. If you are deferred, you are not eligible for life insurance.

If you want to update your beneficiary you can use miAccount on the ORS website, or you can download the *Retiree Life Insurance Beneficiary Designation* form from our website at [www.michigan.gov/orsmsp](http://www.michigan.gov/orsmsp) and return your completed form with your application.

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### **Section V. Federal Income Tax Withholding Authorization**

Your pension is exempt from Michigan and local income taxes but is subject to federal income tax, which will be withheld from your pension according to the instructions you provide in this section. The withholding you request will remain in effect until you file a new *Federal Income Tax Withholding Authorization* form (R0012X).

If you need help determining how many allowances you should claim or if you should withhold any additional amount, you can complete the worksheets found on the *Federal Income Tax Withholding Authorization Worksheets*. Transfer your answers to the withholding authorization section of this application. **Do NOT return the worksheets to ORS.**

## **Retirement Application Instructions**

*For Retiring State Police*

### **Section VII. Enrolling in EFT (Direct Deposit)**

Electronic Funds Transfer (EFT) provides you with ease and convenience. It eliminates mail delays and theft problems because no paper check is mailed. Your money will be available to you the same day the pension is payable. There is no fee for the EFT service, so the amount of your monthly pension will not be affected.

To use this service, your financial institution must be located in the United States or its territories. If you are living in a foreign country and do not have an account with a US financial institution, contact ORS.

You can select up to two different accounts to have your EFT deposited. The accounts can be at the same financial institution or at two different institutions. Complete ALL of the financial institution information requested and indicate whether the account is checking or savings. If you wish to split your pension payment between two accounts, record the dollar amount or percentage you wish to have deposited in the first account. The balance of your pension will be deposited into the second account.

#### **Depositing to a checking account?**

Looking at one of your checks, find the bank's routing number and your checking account number within the string of numbers at the bottom. (See the sample check.) Make sure you are looking at a check and NOT a deposit slip because the numbers may not be the same.

### **Final Steps**

Review each section of your application to make sure you've completed all required items and attached all necessary documentation. Following are some of the commonly missed areas you may want to double-check.

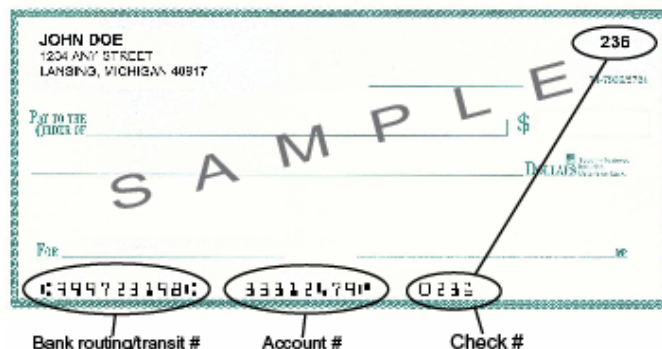
#### **Insurance Options**

You **MUST** mark to enroll or decline insurance coverage and sign the Certification section at the bottom.

#### **Enrolling in EFT (Direct Deposit)**

Complete all requested information for each financial institution and verify your account information is correct.

The first 9-digit sequence from the left is your bank routing number. It is always 9 digits. If this number begins with a "5" you will need to contact your financial



institution for a different number that can be used for EFT deposits.

The other number at the bottom—the one not matching the check number—is your account number. If the number includes zeros at the beginning or end, include them as part of your account number.

#### **Depositing to a savings account?**

You may need to enclose a blank deposit slip or contact your financial institution to get the bank routing number and verify your complete savings account number. Write both of these numbers in the appropriate boxes.

#### **Proofs Required for Insurance Coverage**

You must provide proof of eligibility for each of your enrolled dependents. See the Applying for Your Pension section in the *Retirement Guidelines* for specific details of what documentation is required to prove age, dependency, legal guardianship, school attendance, or disability.

#### **Mail Your Application and Supporting Documents**

Put your name and Member ID or the last four digits of your social security number on each supporting document. Send your complete package to:

**ORS, P.O. Box 30171, Lansing, MI 48909-7671**



# Federal Income Tax Withholding Authorization Worksheets

For Pension Recipients

## What do I need to do?

1. Complete the Withholding Authorization section below. If you don't know how many allowances you can claim or if additional money should be withheld, use the optional worksheets below and on the reverse side.
2. **After you complete the Withholding Authorization box below, transfer your answers to the Federal Income Tax Withholding Authorization section of your Retirement Application. Do not return this sheet to ORS.**

Keep these worksheets for your records. The information you copy onto the Retirement Application will serve as your official withholding authorization, which will be reflected in your monthly pension payments. This authorization will remain in effect until you file a new *Federal Income Tax Withholding Authorization* (R0012X).

## Withholding Authorization (Required)

1. Check here if you <b>do not want any</b> federal income tax withheld from your monthly pension. (Do not complete lines 2, 3, or 4.)	<input type="checkbox"/>
2. Total number of allowances you are claiming for withholding from each monthly pension payment. (You may also designate an additional dollar amount on line 4.).....	(Enter allowances.)
3. What marital status do you want used for withholding? (Required) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher "Single" rate.	
4. Dollar amount, if any, you want withheld from each pension payment <b>in addition to your standard withholding amount.</b> You cannot request <i>just</i> a flat dollar amount. <b>You must enter a number (including 0) of allowances on line 2 first.</b> .....	\$ .....
<b>Transfer the results of questions 1–4 to the Federal Income Tax Withholding Authorization section of your Retirement Application. Do NOT return this worksheet with your Retirement Application. Keep it for your records.</b>	

## Personal Allowances Worksheet (Optional)

<b>Note:</b> Use this worksheet to determine how many allowances you can claim for withholding purposes. For the most up-to-date calculations and wage information, refer to IRS Publication 919.	
A. Enter "1" for <b>yourself</b> if no one else can claim you as a dependent .....	A .....
B. Enter "1" if: <div style="display: inline-block; vertical-align: middle; margin-left: 10px;">{<ul style="list-style-type: none"><li>• You are single and have only one pension; or</li><li>• You are married, have only one pension, and your spouse has no income subject to withholding; or</li><li>• Your income from a second pension or a job, or your spouse's pension or wages (or the total of all) is \$1,500 or less.</li></ul>}</div> .....	B .....
C. Enter "1" for your <b>spouse</b> . You may choose to enter "-0-" if you are married and your spouse has income subject to withholding or you have more than one source of income subject to withholding. (Entering "-0-" may help you avoid having too little tax withheld.)	C .....
D. Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return .....	D .....
E. Enter "1" if you will file as <b>head of household</b> on your tax return. ....	E .....
F. <b>Child Tax Credit</b> (including additional child tax credit): <ul style="list-style-type: none"><li>• If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.</li><li>• If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have 4 or more eligible children. ....</li></ul>	F .....
G. Add lines A through F and enter total here. <i>This may be different from the number of exemptions you claim on your tax return.</i> .....	G .....
For accuracy, <b>complete all worksheets that apply.</b> { <ul style="list-style-type: none"><li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on the back of this form.</li><li>• If you have more than one source of income subject to withholding or a spouse with income subject to withholding <b>and</b> your combined income from all sources exceeds \$40,000 (\$25,000 if married), see the <b>Multiple Pensions/More-Than-One-Income Worksheet</b> on the back to avoid having too little tax withheld.</li><li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line G on line 2 above.</li></ul>	



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## Deductions and Adjustments Worksheet (Optional)

**Note:** Use this worksheet **only** if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your tax return. For the most up-to-date calculations and wage information, refer to IRS Publication 919.

1. Enter an estimate of your itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. .... 1. \$ \_\_\_\_\_
2. Enter: 

{	\$10,900 if married filing jointly or qualifying widow(er) \$ 8,000 if head of household \$ 5,450 if single or married filing separately	}
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 ..... 2. \$ \_\_\_\_\_
3. **Subtract** line 2 from line 1. If zero or less, enter "-0-" ..... 3. \$ \_\_\_\_\_
4. Enter an estimate of your adjustments to income, including alimony, deductible IRA contributions, and student loan interest ..... 4. \$ \_\_\_\_\_
5. **Add** lines 3 and 4 and enter the total. (Include any credit amounts from *Worksheet 8* in IRS Pub. 919.) ..... 5. \$ \_\_\_\_\_
6. Enter an estimate of your income not subject to withholding (such as dividends or interest) ..... 6. \$ \_\_\_\_\_
7. **Subtract** line 6 from line 5. If zero or less, enter "-0-" ..... 7. \$ \_\_\_\_\_
8. **Divide** the amount on line 7 by \$3,500 and enter the result here. Drop any fraction. .... 8. \_\_\_\_\_
9. Enter the number from the **Personal Allowances Worksheet**, line G, from the front of this form. .... 9. \_\_\_\_\_
10. **Add** lines 8 and 9 and enter the total here. If you use the **Multiple Pensions/More-Than-One-Income Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on the front of this form, line 2 ..... 10. \_\_\_\_\_

## Multiple Pensions/More-Than-One-Income Worksheet (Optional)

**Note.** Complete only if the instructions under line G on the front of this form, direct you here. This applies if you (and your spouse if married filing a joint return) have more than one source of income subject to withholding (such as more than one pension, or a pension and a job, or your spouse works). For the most up-to-date calculations and wage information, refer to IRS Publication 919.

1. Enter the number from line G from the front of this form (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) ..... 1. \_\_\_\_\_
2. Find the number in **Table 1** below that applies to the **LOWEST** paying pension or job and enter it here. **However**, if you are married filing jointly and the amount from the highest paying pension or job is \$50,000 or less, do not enter more than "3." ..... 2. \_\_\_\_\_
3. If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on the front of this form, line 2. **Do not** use the rest of this worksheet. .... 3. \_\_\_\_\_

**Note.** If line 1 is **less than** line 2, enter "-0-" on the front of this form, line 2. Complete lines 4–9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

4. Enter the number from line 2 of this worksheet. .... 4. \_\_\_\_\_
5. Enter the number from line 1 of this worksheet. .... 5. \_\_\_\_\_
6. **Subtract** line 5 from line 4. .... 6. \_\_\_\_\_
7. Find the amount in **Table 2** below that applies to the **HIGHEST** paying pension or job and enter it here. .... 7. \$ \_\_\_\_\_
8. **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed. .... 8. \$ \_\_\_\_\_
9. **Divide** line 8 by the number of months left in the calendar year. For example, divide by 12 if you complete this form in December. Enter the result here and on the front, line 4. This is the additional amount to be withheld from each payment. .... 9. \$ \_\_\_\_\_

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying pension or job are:	Enter on line 2 above.	If wages from <b>LOWEST</b> paying pension or job are:	Enter on line 2 above.	If wages from <b>HIGHEST</b> paying pension or job are:	Enter on line 7 above	If wages from <b>HIGHEST</b> paying pension or job are:	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,500	0	\$0 - \$65,000	\$530	\$0 - \$35,000	\$530
4,501 - 10,000	1	6,501 - 12,000	1	65,001 - 120,000	880	35,001 - 80,000	880
10,001 - 18,000	2	12,001 - 20,000	2	120,001 - 180,000	980	80,001 - 150,000	980
18,001 - 22,000	3	20,001 - 27,000	3	180,001 - 310,000	1,160	150,001 - 340,000	1,160
22,001 - 27,000	4	27,001 - 35,000	4	310,001 and over	1,230	340,001 and over	1,230
27,001 - 33,000	5	35,001 - 50,000	5				
33,001 - 40,000	6	50,001 - 65,000	6				
40,001 - 50,000	7	65,001 - 80,000	7				
50,001 - 55,000	8	80,001 - 95,000	8				
55,001 - 60,000	9	95,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 100,000	12						
100,001 - 110,000	13						
110,001 - 120,000	14						
120,001 and over	15						